

Medicare Managed Care Manual  
Chapter 17, Subchapter D – Medicare Cost Plan Enrollment and Disenrollment Instructions  
Summary of Updates – August 2009

Chapter Section	Update
Throughout Document	<ol style="list-style-type: none"> <li>1. General correction of typos, syntax, verb tense changes, etc.</li> <li>2. Updated references to years in examples where appropriate</li> </ol>
30	<ol style="list-style-type: none"> <li>1. Added language clarifying that when an org has a cost plan and an MA plan in the same service area and the cost plan is required to be closed for enrollments, this includes employer group enrollment conversions.</li> <li>2. Included language addressing “PBP” changes when member has additional Part D benefits.</li> </ol>
40.1.1	<ol style="list-style-type: none"> <li>1. Added reminder to cost plans with optional Part D benefit that they must have a process for auto- and facilitated enrollment.</li> <li>2. Included reference to the P-10 demonstration for retroactive coverage.</li> </ol>
40.1.1.A	<ol style="list-style-type: none"> <li>1. Excluded full duals for which employer or union claiming RDS from list of auto enrollments.</li> <li>2. Added reference for MSP-only individuals for which Medicaid is paying the Medicare premiums (previous reference only included payment for cost sharing).</li> </ol>
40.1.1.B	Excluded from list of facilitated enrollments LIS individuals for which employer or union claiming RDS.
40.1.1.C	<ol style="list-style-type: none"> <li>1. Updated examples using 2010.</li> <li>2. Updated reference to PCUG.</li> <li>3. Revised reference for determining auto enrollment effective date to using the monthly LIS history report rather than the TRR and LIS bi-weekly file.</li> </ol>
40.1.1.E	Noted that cost plan should counsel individual declining Part D within 10 calendar days of the individual's request to opt out.
40.1.1.F	Added new policy on passive declination for full benefit duals with RDS so these individuals are excluded from auto enrollment and provided information.
50.2.4	Corrected reference to M+C plan.
60.5	NEW! Added new section and subsections containing instructions on how to process cancellations of enrollment & disenrollment requests.
General Exhibit Updates	<ol style="list-style-type: none"> <li>1. Removed language in field indicating plans may use last four digits of member's SSN if member ID# is SSN.</li> <li>2. Added language to multiple exhibits addressing possible LIS status as follows: “People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at <a href="http://www.socialsecurity.gov/prescriptionhelp">www.socialsecurity.gov/prescriptionhelp</a>.”</li> </ol>
Exhibit 1	Removed Social Security Number field
Exhibit 4	Improve language in first paragraph. Intent is what will happen if beneficiary doesn't see plan provider
Exhibit 6	Consider adding mention of Part D SEP to third full paragraph.
Exhibit 6a	Consider adding mention of Part D SEP to third full paragraph under “Note:”
Exhibits 13 & 13a	<ol style="list-style-type: none"> <li>1. Added reference to contacting demonstration contractor for retroactive drug coverage.</li> <li>2. Deleted reference to LEP for those LIS individuals who drop Part D coverage.</li> </ol>
Exhibits 14 and 14a	Deleted reference to LEP for those LIS individuals who drop Part D coverage.